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Washington State Domestic Violence & Pregnancy Facts

TO PROVIDE HEALTH CARE PROFESSIONALS (PHYSICIANS, MIDWIVES, NURSES, NUTRITIONISTS, SOCIAL WORKERS) WITH BASIC INFORMATION TO INCREASE THE SAFETY OF WOMEN EXPERIENCING DOMESTIC VIOLENCE DURING PREGNANCY.

Provider Resources:

Physicians Insurance: A Mutual Company

Prenatal record forms are available on their website: www.phyins.com

Washington State Coalition Against Domestic Violence

General information, training, survivor video, and resources for health care providers.

Phone: 206-389-2515 x104,
TTY 206-389-2900 or their website: www.wscadv.org

DOH Perinatal Partnership Against Domestic Violence

DV & Pregnancy: Guidelines for Screening & Referral—order form on website.

Website http://www.doh.wa.gov/cfh/mch/perinatal_partners_against_dv.htm

DSHS Pocket Safety Cards

Can be placed in provider office, lobby, or restrooms to provide brief safety planning.

Available in Chinese, Cambodian, English, Korean, Laotian, Russian, and Vietnamese.

Order on-line at no cost to you at: www.prt.wa.gov

...click on General Store; then register; shop by item type; click on cards & bookmarks; look for Publication No. 22-276, and order.

Domestic Violence

A pattern of assaultive and coercive behaviors that include physical, sexual, psychological attacks, and economic coercion. The lack of well-established instruments for measuring psychological abuse, such as threats, denigrating remarks, or controlling economic or immigration status, limits most prevalence statistics to identifying physical assaults, although physical violence is just one aspect of domestic violence.

Prevalence

Nationally, estimates for assaults to pregnant women range from 1 – 20% depending upon the study definition of assaults and the population studied (Saltzman, L.E. et. al 2003). Washington State tracks prevalence using PRAMS* Survey data. The percent of childbearing women who reported physical violence by a husband or partner around the time of pregnancy (12 months prior to pregnancy through 3 months postpartum) in 2000-2002 is approximately six percent. This translates to approximately 5,000 women per year around the time of pregnancy.

What Health Care Providers Can Do

1. **ASK**—The most critical intervention is to ask, when patient is alone, questions about domestic violence. Screen all pregnant women every trimester and post partum using the Physicians Insurance Prenatal Record Questions.
2. **ASSURE SAFETY IF VIOLENCE IS DISCLOSED**—
 - Acknowledge the discloser
 - Be supportive
 - Explain confidentiality of records
 - Assure safety by asking:
 - Is your partner here?
 - Is it safe to leave the office?
 - Are you safe to go home?
 - If so, review the DSHS Pocket Safety Card (see reverse).
 - If not, provide a safe place for the patient to contact the State Domestic Violence Hotline (see reverse)
3. **REFER**—Refer women who report domestic violence to resources as part of a safety plan. (*see reverse for client referral resources*)

Client Referral Resources— What to Expect

1. **Washington State Domestic Violence Hotline—**
1-800-562-6025 (V/TTY)
 - 24-Hour General information and referral to local domestic violence resources for victims, the general public, and professionals.
2. **Local Domestic Violence Agencies—**www.wavawnet.org provides a listing of local agencies and the services they provide. It is best to look up in advance and have materials located in your waiting area and in restrooms.
 - Advocacy services provide problem solving, safety planning, issue clarification, decision making skills, and ongoing support.
 - The advocate is required to keep information confidential (including if the referred person obtains services) for safety purposes.
3. **First Steps Programs—**
<http://maa.dshs.wa.gov/> (Click on Eligibility for Medical Programs).
 - For low income women (185% of poverty level) the First Steps Program can be a good referral source for assuring linkage to services.

PRAMS (Pregnancy Risk Assessment Monitoring System) is an ongoing population-based surveillance system sponsored by the Centers for Disease Control and Prevention, that survey new mothers who are representative of all registered births to Washington State residents. The Washington State Department of Health has been collecting PRAMS data since 1993. For more information, contact MCH Assessment at 360-236-2533 or visit the website at www.doh.wa.gov/cfh/prams/.

Why Ask? Why Refer?

SAFETY—Studies indicate:

- Women who experience physical abuse are at higher risk for miscarriages and low birth weight babies. (Campbell, et. al 1999; Cokkides, et al, 1999; Murphy, et al 2001)
- A co-occurrence of domestic violence and child abuse ranges from 30% to 60% (Appel & Holden et al. 1998) This variation depends upon the study definitions of child abuse and domestic violence.

SUPPORT—Survivors of abuse indicate (*"The Voices of Survivors: DV Survivors Educate Physicians"*, WSCDV Video) that:

- Asking about domestic violence in a confidential, private setting by a health care provider is viewed as helpful, caring intervention.
- Knowing a health care provider was open to talking about abuse helped survivors to eventually address the issue.

BEST PRACTICE RECOMMENDATIONS—In 2002, 60% of Pregnancy Risk Assessment Monitoring System respondents indicated that they had been asked by their prenatal care provider if someone had hurt them.

The following organizations support universal screening (see position papers at websites listed below:

- American College of Obstetricians and Gynecologists (ACOG) www.acog.org
- American Medical Association (AMA) www.ama.org
- American Academy of Family Physicians (AAFP) www.aafp.org
- American Nurses Association (ANA) www.ana.org
- National Association of Social Workers (NASW) www.nasw.org

References—Suggested Reading

Saltzman, LE, Johnson, CH, Gilbert BC, Goodwin MM Physical abuse around the time of pregnancy: An examination of prevalence and risk factors in 16 states: *Maternal Child Health Journal* 2003; pp 31-43.

Lipsky S, Holt VL, Easterling TR, Critchlow, CW. Impact of police-reported intimate partner violence during pregnancy on birth outcomes. *Obstetrics and Gynecology*, 2003; 102:557-564

Murphy, CC, Schei, B, Myhr, T, DuMont, J. Abuse: A risk factor for low birth weight? A systematic review and meta-analysis. *Canadian Medical Association Journal*, 2001, May 164 (11) pp 1567-1572.

Appel, A. E. Holden G.W. The co-occurrence of spouse and physical child abuse: A review and appraisal. *Journal of Family Psychology* (1998) 12 (4), pp 578-599.